

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213563330					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: PQ-Virginia Corporation (USED IN VA BY: PQCorporation)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2013</p> <p>SCC ID NO: F1606914</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMA</td> <td>100</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMA	100	
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COMA	100						
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>							
<p>4.) STATE OR COUNTRY OF INCORPORATION: PA</p>							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 300 LINDENWOOD DRIVE VALLEYBROOKE CORP CENTER</p> <p style="text-align: center;">CITY/ST/ZIP: MALVERN, PA 19355-1740</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH S. KOSCINSKI ASST SECRETARY 300 LINDENWOOD DRIVE VALLEYBROOKE CORP CENTER MALVERN, PA 19355	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB COXON DIRECTOR 300 LINDENWOOD DR MALVERN, PA 19355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDY CURRIE DIRECTOR 300 LINDENWOOD DR MALVERN, PA 19355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONNY GINNS DIRECTOR 300 LINDENWOOD DR MALVERN, PA 19355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW MARINO DIRECTOR 300 LINDENWOOD DR MALVERN, VA 19355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN YOUNGKIN DIRECTOR 300 LINDENWOOD DR MALVERN, PA 19355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOSEPH S. KOSCINSKI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH S. KOSCINSKI, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/9/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			